

Spontaneous Incidents/Use of Force Check List/Closure

1. I am _____ ; _____
Name Title

2. Today's date and time is: _____

3. My location at the present is: _____

4. The location of the incident was: _____

5. The name(s) and number of inmate(s) is/are:

Name/Number Name/Number

Name/Number Name/Number

Name/Number Name/Number

6. Name(s) and title of staff involved were as follows.

Name/Title Name/Title

Name/Title Name/Title

Name/Title Name/Title

Name/Title Name/Title

7. The circumstances leading to the incident were: _____

8. Action taken during the incident was: _____

9. Injuries to staff and inmate were: (examinations of staff and offenders must be conducted by medical personnel):

10. Medical staff present are: _____

11. Summary of injuries are: _____

12. Camera operator is: _____

Name/Title

13. This tape, all incident reports, misconduct reports, or any physical evidence will be secured in the chief of security's office until the next working day when all reports and the tape can be reviewed by the facility/unit head, assistant facility/unit head and chief of security.

Name/Title/Position

14. This concludes the Spontaneous Use of Force incident involving inmate(s). Give a summary of the name and ODOC number of inmates and time of the Spontaneous Use of Force incident:
